

CLAIMS ONLY						Application Number 10709913	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	1					51			
2		1				52			
3						53			
4						54			
5		1				55			
6			1			56			
7				1		57			
8					1	58			
9						59			
10		1				60			
11						61			
12						62			
13						63			
14						64			
15		1				65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23		1				73			
24	1					74			
25						75			
26		1				76			
27						77			
28						78			
29						79			
30		1				80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
Total Indep	3					Total Indep			
Total Depend	07					Total Depend			
Total Claims	30					Total Claims			